# Terry Temminen Secretary for Environmental Protection

### **State Water Resources Control Board**

#### **Division of Water Quality**

1001 I • Sacramento, California 95814 • (916) 341-5869 Mailing Address: P.O. Box 2231 • Sacramento, California • 95812 FAX (916) 341-5808 • Internet Address: demillek@swrcb.ca.gov



#### OFFICE OF TANK TESTER LICENSING

## APPLICATION FOR TANK TESTER LICENSE

(Rev. 12/09/03)

**Application fee:** \$100 **Examination fee:** \$200

FOR OFFICE USE ONLY Application #

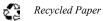
Please use this application form to apply for a tank tester license. When you have completed the form, please send it to: State Water Resources Control Board, Office of Tank Tester Licensing, P.O. Box 2231, Sacramento, CA 95812, Attn: Kathy DeMille. Please include the following with your application:

- Check or money order for \$300, made payable to *State Water Resources Control Board*. (This amount includes the application and examination fees.)
- Two, 1" by 1" color photographs (head only)

APPLICANT INFORMATION		
Last Name	First Name	Middle Initial
Street Address City, State, Zip		
Email Address		Telephone
EMPLOYER INFORMATION Company Name		
Street Address		City, State, Zip
Email Address Telephone		
Fax #		Company Contact

#### EQUIPMENT INFORMATION:

TANK TESTING	EQUIPMENT	Please include the information regarding the <u>tank</u> <u>testing</u> equipment you use. If you use more than one type of equipment, please list all.
Manufacturer(S	)	
Model number(S	) or name(S)	
Date(S) of tra	ining	
Please check if certificates is/are enclosed:		
LINE (PIPING) TESTING EQUIPMENT		
Manufacturer(S	)	
Model number(S	) or name(S)	
Date(s) of tra	ining	
Please check i	f certificate(s) is	s/are enclosed:



Applicant signature

Date

Documentation of Experience			
Your experience must include one full year as a underground storage tank systems.	tank tester and you must have tested at least 50		
In addition to completing this section, you mus Experience" completed by someone who is willing should return the completed form to you for inc experience from more than one employer, please	g to attest to your experience. The declarant lusion with this application. If you are claiming		
Company name, address, and telephone	Description of work performed (Number of tanks tested, type of equipment used, name of immediate supervisor, etc.)		
From (date):			
To:			
In accordance with section 2761(a) of the California Code of Regulations, Office of Tank Tester Licensing may require additional information, evidence, statements, or documents, which would support the application for licensure.			
25284.4 and will be used to determine the application of Clean Water Programs, State Water Rethe information supplied on this application. The Chapter 6.7, Section 25284.4, Health and Safety	to review the records maintained about them unless		
APPLICANT CERTIFICATION			
I DECLARE UNDER PENALTY OR PERJURY TO	THAT THE INFORMATION I HAVE SUPPLIED		
THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			

